

## STATE OF MARYLAND—CERTIFICATE OF DEATH. 69053

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County St. MarysVillage or City Hollywood

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 287

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Infant Bankins

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 29/32

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
<u>still born</u>				

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Hollywood  
(State or country) Md13. NAME Leonard Bankins14. BIRTHPLACE (city or town) Md  
(State or country)15. MAIDEN NAME Mervin B Jordan16. BIRTHPLACE (city or town) Md  
(State or country)17. INFORMANT Mervin Bankins  
(Address) Hollywood Md18. BURIAL, CREMATION, OR REMOVAL  
Place Home, near Hollywood Aug 29, 193219. UNDERTAKER Leonard Bankins  
(Address) Hollywood Md20. FILED Aug 22, 1932 Pykeam, Ltd.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 29(Month) 29 (Day)1932 (Year)22. I HEREBY CERTIFY. That I attended deceased from Aug 29, 1932, to Aug 29, 1932. I last saw him ~~still born Aug 29, 1932~~, death is said to have occurred on the date stated above, at 150A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Placenta praevia months

## Other Contributory Causes of Importance:

Placenta praevia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D. \_\_\_\_\_

(Address) Great Mills, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	BUREAU V. S.	1915
Chronic interstitial nephritis.		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69036

## 1. PLACE OF DEATH

County St. MarysVillage or City WeymanLength of residence in city or town where death occurred yearsNo. 287  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
St. Ward  
mos. ds. How long in U.S. if of foreign birth? years mos. ds.2. FULL NAME Frank Biscoe(a) Residence: No. 

(Usual place of abode)

St.  Ward. 

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Ellen Biscoe6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE <u>about 73</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 192911. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME James G. Gurney14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MARION NAME Unknown16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT James Gurney  
(Address) Dameron Rd

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cemetery Date Aug. 30, 193019. UNDERTAKER Ernest Robinson  
(Address) Dameron Rd20. FILED Aug. 29, 1932By James Gurney  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month) Aug (Day) 28 (Year) 1932

22. I HEREBY CERTIFY. That I attended deceased from

January, 1930, to Aug 28, 1932.I last saw him alive on Aug 25, 1932; death is said to have occurred on the date stated above, at 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic tubular heart disease Jan 1930

Date of onset

Other Contributory Causes of Importance:

Arteriosclerosis  
Prostata hypertrophy Jan 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

(Address) Great Mills, Md M. D. James Gurney

(T)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

69057

## 1. PLACE OF DEATH

County St. MarysVillage or City Piney Point

Length of residence in city or town where death occurred

No.

Registration Dist. No.

281

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos.      ds.      How long in U.S. if of foreign birth?      yrs.      mos.      ds.2. FULL NAME Sarah Bissell(a) Residence: No. Piney Point, Md.

St.      Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) 1862

7. AGE <u>80</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>none</u>	
10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Sarah Bissell14. BIRTHPLACE (city or town)  
(State or country) Unknown15. MAIDEN NAME Mary Maryland16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Richard Bissell  
(Address) Valley Lee, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Holy Cross Cem. Date Aug. 28, 193219. UNDERTAKER Richard Bissell  
(Address) Valley Lee, Md.20. FILED Aug. 28, 1932 Harris Stable

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 28

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to June 14, 1932, 1932; I last saw him alive on June 14, 1932; death is said to have occurred on the date stated above, at 6 P.M. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congestive heart disease  
and infirmities of age

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Richard Bissell M. D.(Address) Valley Lee, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County St. MarysVillage or City Charlottesville Hall

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Registration Dist. No. 284

## 2. FULL NAME

Wilma Boorman

(a) Residence: No.

Charlottesville Hall

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 13<sup>th</sup> 1930

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	2	2	13	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) St. Marys Co. Md.13. NAME Wilma Boorman14. BIRTHPLACE (city or town)  
(State or country) Charlottesville Md.15. MAIDEN NAME Wenning & Leacock16. BIRTHPLACE (city or town)  
(State or country) St. Marys Co. Md.17. INFORMANT Grant Boorman  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Elementary School Date Aug 27, 193219. UNDERTAKER E. R. Leacock  
(Address)20. FILED Aug 27, 1932 Team of Doctors  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 26, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 9<sup>th</sup> 1932 to Aug 26, 1932I last saw him alive on Aug 9<sup>th</sup> 1932, death is said to have occurred on the date stated above, at 1:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute hepatitis work  
 Date of onset \_\_\_\_\_

Other Contributory Causes of importance:  
Rockets

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Team of Doctors M. D.(Address) Charlottesville Hall

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 5 1932
Chronic interstitial nephritis	
Cerebral hemorrhage	
BUREAU V. S.	

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69039

## 1. PLACE OF DEATH

County Charles St. Marys

(75)

Registration Dist. No. 202Village or City Dentsville Leonstown No. St. Marys Hosp. St.  Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Howard Butler  
(a) Residence: No. Dentsville Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Nov. 4, 1928

7. AGE

Years 3Months 8Days 28If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Maryland

## MOTHER FATHER

13. NAME George Butler14. BIRTHPLACE (city or town)  
(State or country)Maryland15. MAIDEN NAME Madeline Banks16. BIRTHPLACE (city or town)  
(State or country)Maryland

## 17. INFORMANT

George Butler  
Dentsville Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Newport Cemetery Date Aug. 3, 1952

## 19. UNDERTAKER

M. Sidney Dent  
Dubois Md.

## 20. FILED

Aug. 2, 1952 Howard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 2, 1952

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug. 1, 1952, to Aug. 2, 1952. I last saw him alive on Aug. 1, 1952; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(Alcohol poisoning)  
(Accidental)

Date of onset

Aug. 1

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan C. Welch M. D.  
(Address) Chaptico Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11/23/32

See letter under "Bartol," giving place of death

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69041

## 1. PLACE OF DEATH

County St. Marys  
Village or City Leonardtown

11-a

Registration Dist. No. 284No. St. Marys Hosp St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos.

## 2. FULL NAME

Agnes Cooper  
Mechanicsville

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov. 16-19167. AGE 17 Years 9 Months 2 Days 2 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
Housework.  
9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
10. Date deceased last worked at  
this occupation (month and  
year) Aug. 193211. Total time (years)  
spent in this  
occupation 2 yrs12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Samuel Cooper14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Blanche Shuster16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Samuel Cooper  
(Address) Mechanicsville18. BURIAL, CREMATION, OR REMOVAL  
Place St. Joseph's Cemetery Date Aug. 20, 193219. UNDERTAKER Elmer R. Farber  
(Address) Mechanicsville20. FILED Aug. 19, 1932 Levin J. Jackson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 18, 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 11, 1932, to Aug. 18, 1932. I last saw him alive on Aug. 18, 1932, death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Aug. 11, 1932

Other Contributory Causes of importance:

F. Gaye

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Alan C. Welch M. O.(Address) Chesapeake, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

122-8

69041

## 1. PLACE OF DEATH

County St. MarysVillage or City Budds CreekRegistration Dist. No. 122St. 122

Ward

Length of residence in city or town where death occurred 25 yrs.No. 122-8  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 0 ds. 0 How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Harry L. Dixon(a) Residence: No. Budds Creek Md  
(Usual place of abode)St. 122 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAlma Dixon6. DATE OF BIRTH (month, day, and year) May 15-1873

7. AGE <u>59</u>	Years	Months <u>3</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 193211. Total time (years) spent in this occupation 20 yrs12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Joseph Dixon14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Mannie Williams16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT M. H. Dixon  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Cemetery Date Aug 24, 193219. UNDERTAKER A. C. Welch  
(Address) Chaptico Md20. FILED Aug 24, 1932 A. B. Johnson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 23, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 12, 1932 to Aug 23, 1932; death is saidto have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

Aug 13, 1932

Other Contributory Causes of importance:

Meatless dietJuly 1932Name of operation none Date of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Alanus C. Welch M. D.  
(Address) Chaptico Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 69042

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

St. Marys

Village or City Laurel, Md.

93-C

Registration Dist. No. 283

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Laurel, Md.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

W.

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Frank J. Dixon

## 6. DATE OF BIRTH (month, day, and year)

March 15 - 1850

## 7. AGE

82

6

3

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Housewife

1921

## 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

50 yrs

## 12. BIRTHPLACE (city or town)

(State or country)

Laurel, Md.

## MOTHER FATHER

## 13. NAME

Carmelius Payne

Dahville, Md.

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Ann Mary Floyd

Capitol, Md.

16. BIRTHPLACE (city or town)

(State or country)

## 17. INFORMANT

(Address)

Mary J. Dixon

Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Josephs

Date

Aug 20

, 19 32

## 19. UNDERTAKER

(Address)

Elmer M. Jacobs

McGregorville

20. FILED

Aug 19 32

a. m. Johnson

Registrar.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St., Ward

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 21. DATE OF DEATH

Aug  
(Month)18  
(Day)1932  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

May 1932 to Aug 1932, 1932

I last saw him alive on Aug 19 32, 1932; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Cholecystitis

1921

## Other Contributory Causes of Importance:

Chronic myocardial degeneration 1921

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. B. Johnson M. D.

(Address) Morganaya

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

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## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County St MarysVillage or City Leonardtown

75

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 282

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Benedict F. Gaver

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word)

Male white

Married

6 DATE OF BIRTH

Aug 16, 1875  
(Month) (Day) (Year)

7 AGE

57 yrs. 0 mos. 13 ds. or min.?

If LESS than  
1 day.... hrs.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work(b) General nature of industry  
business, or establishment in  
which employed or (employer)

Farmer

9 BIRTHPLACE  
(State or country)

St Marys Co Md

10 NAME OF  
FATHER

Peter Gaver

11 BIRTHPLACE  
OF FATHER  
(State or country)

St Marys Co Md

12 MAIDEN NAME  
OF MOTHER

Muriel Walker

13 BIRTHPLACE  
OF MOTHER  
(State or Country)

St Marys Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Albert F. Gaver

(Address)

Leonardtown Md

15 Filed 9/7 1932 Benedict F. Gaver  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 29, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192...,

that I last saw him dead alive on Aug 29, 1932,

and that death occurred on the date stated above, et 192...

The CAUSE OF DEATH \* was as follows:

Acute Malaria  
(Died dead after 7 days)

(Duration) yrs. mos. ds.

Contributory  
Secondary

J. F. Gaver (Signature) (Duration) yrs. mos. ds.

(Signed) J. F. Gaver (Address) M. D.

Aug 29, 1932 (Address)

\*State the Disease Causing Death, or, In deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Marys Cemetery, Leonardtown, Md. 1932

20 UNDERTAKER

Wm. G. Mathis, Leonardtown, Md.

ADDRESS

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be contained before the certificate is permanently filed.

100 660 1 OCT 1 1960

RECEIVED

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69045

## 1. PLACE OF DEATH

County St. MarysVillage or City St. Georges

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

159

Registration Dist. No. 287

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_  
mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Infant Green

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Black

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

Aug 6/32

7. AGE

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) to11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)St. GeorgesMaryland

MOTHER

FATHER

13. NAME Charles Green14. BIRTHPLACE (city or town)  
(State or country)MarylandRebecca Millburn

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)Maryland

17. INFORMANT

(Address)

Charles GreenSt. Georges, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place None, near St. Georges Date Aug 6, 1932

19. UNDERTAKER

(Address)

Charles GreenSt. Georges, Md.20. FILED Aug 6, 1932By phone to  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 6

(Month)

(Day)

1932  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 6, 1932 to Aug 6, 1932I last saw her alive on Aug 6, 1932 at 6:10 A.M. death is said  
to have occurred on the date stated above.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Premature birth  
3 1/2 months

Date of onset

Other Contributory Causes of importance:

Placenta Previa

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed)

M. D.

By phone to  
Great Mills, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	
Chronic interstitial nephritis	RECEIVED
Cerebral hemorrhage	

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

**WRITE PLAIN**  
 Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH  
 County St. Marys

92-a  
 Village or City Clementon No. ....

2 FULL NAME Thomas Aloysius Hebb

STATE OF MARYLAND  
 CERTIFICATE OF DEATHRegistration Dist. No. 28

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Cof</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u> (Write the word)
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6 DATE OF BIRTH unknown  
 (Month) (Day) (Year)

7 AGE 75 yrs. — mos. — ds. or ..... min. 0  
 IF LESS than  
 1 day ..... hrs.

8 OCCUPATION farmer  
 (a) Trade, profession or particular kind of work  
 (b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE St. Marys Md  
 (State or country)

10 NAME OF FATHER George Hebb

11 BIRTHPLACE OF FATHER St. Marys Md  
 (State or country)

12 MAIDEN NAME OF MOTHER Jane - unknown

13 BIRTHPLACE OF MOTHER St. Marys Md  
 (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sarah Hebb  
 (Address) Clementon Md

15 Filed 8/18 1932 Canalay  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from May 1932 to Aug 17 1932  
 that I last saw him alive on Aug 8 1932 and that death occurred on the date stated above, at 7:00 p.m.

The CAUSE OF DEATH \* was as follows:

mitral insufficiency  
 (Duration) 9 yrs. 0 mos. 0 ds.

Contributory Secondary  
 (Duration) 4 yrs. 0 mos. 0 ds.

(Signed) J. F. Greenwell M.D.  
 (Address) Aug 18 1932 Leonardtown

State the Disease Causing Death, or, in deaths from  
 Violent Causes, state (1) Means of Injury and (2) whether  
 Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St. Aloysius Cemetery DATE OF BURIAL Aug 19 1932

20 UNDERTAKER Wm. C. Mullings ADDRESS Leonardtown

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

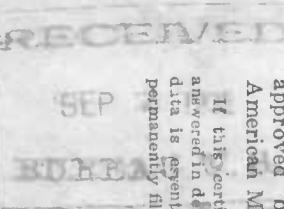
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative health, fulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Dow laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma, Sarcoma*, etc., of . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## STATE OF MARYLAND—CERTIFICATE OF DEATH

09047

## 1. PLACE OF DEATH

County *St. Marys*Village or City *Mechanicsville*Length of residence in city or town where death occurred *10* yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

23

Registration Dist. No. *284*

St.

Ward

mos. *0* ds. How long in U.S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

## 2. FULL NAME

(a) Residence: Nd.

*Violet Halt**Mechanicsville Md.*St. *0* Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female *Colored*

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*Single*6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years *19* Months *6* Days *13* If LESS than1 day, *0* hrs.  
or *0* min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *Feb. 1932*11. Total time (years)  
spent in this  
occupation *4 yrs*

12. BIRTHPLACE (city or town)

(State or country) *Maryland*

13. NAME

*Bernie Halt*

14. BIRTHPLACE (city or town)

(State or country) *Maryland*

15. MAIDEN NAME

*Cross Hayden*

16. BIRTHPLACE (city or town)

(State or country) *Maryland*

17. INFORMANT

(Address) *Crossa Halt*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Josephs* Self *st* Date *1932*

19. UNDERTAKER

(Address) *Clement J. Jackson**Mechanicsville*20. FILED *Aug. 31, 1932* *L. J. Jackson*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug *29*, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug *1*, 1932, to Aug *29*, 1932  
I last saw him *alive* on *Aug. 28*, 1932; death is said  
to have occurred on the date stated above, at *10:30 a.m.*  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Pulmonary Tuberculosis*Date of onset  
*Feb. 1932*

Other Contributory Causes of importance:

Name of operation *none* Date of *no*What test confirmed diagnosis? *no* Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *no* Date of injury *19*

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *none* *in Welch* M. D.(Signed) *L. J. Jackson*(Address) *Mechanicsville*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

120

Registration Dist. No.

283

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

gr.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower -

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Mary Mervi Johnson

6. DATE OF BIRTH (month, day, and year)

May 12 1852

7. AGE

Years 80

Months 3

Days -

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

May-32

11. Total time (years)  
spent in this  
occupation

Life

12. BIRTHPLACE (city or town)

(State or country)

Morgenza

Md

13. NAME

Sarah Johnson

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Marissa Behnke

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Aug. 12, 1932

d. P. Johnson

Registr.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 12  
(Month) (Day)  
, 1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 1930 to Aug 1932  
last saw h. alive on Aug 12, 1932; death is said  
to have occurred on the date stated above, at 5:50 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic Diabetic Enteritis

Date of onset  
1928

Other Contributory Causes of importance:

Simple Moderate Colitis

1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) d. P. Johnson

(Address) 2111 N. Charles Street, Baltimore, Requesting U. S. No. 1

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 9 1922	July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

WRITING PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County St. MarysVillage or City Leonardtown2 FULL NAME Fanny Milburn

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE Col5 SINGLE,  
MARRIED,  
WIDOWED  
OR DIVORCED  
(Write the word) MARRIED

6 DATE OF BIRTH

unknown  
(Month) (Day) (Year)7 AGE about 75If LESS than  
1 day, hrs.  
ds. or min.?

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Housekeeper(b) General nature of industry  
business, or establishment in  
which employed or (employer)9 BIRTHPLACE  
(State or country) St. Marys County10 NAME OF  
FATHER Albert Milburnunknown11 BIRTHPLACE  
OF FATHER  
(State or country) unknown12 MAIDEN NAME  
OF MOTHER unknown13 BIRTHPLACE  
OF MOTHER  
(State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Milburn(Address) Leonardtown 58415 Filed 8/11 1922

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 282St. \_\_\_\_\_ Ward) (If death occurred in  
a hospital or institution, give its NAME instead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 9<sup>th</sup> 1922

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Aug 1922 to Aug 9<sup>th</sup> 1922that I last saw her alive on Aug 1<sup>st</sup> 1922  
and that death occurred on the date stated above, at

The CAUSE OF DEATH \* was as follows:

Sarcoma (Marl)(Duration) 5 yrs. mos. ds.Contributory  
Secondary(Duration) 5 yrs. mos. ds.(Signed) J. F. Greenwell M. D.Aug 11<sup>th</sup> 1922 (Address) Leonardtown\*State the Disease Causing Death, or, in deaths from  
Violent Cause, state (1) Means of Injury and (2) whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mullica Neck Cemetery Aug 11<sup>th</sup> 1922

20 UNDERTAKER

1 ADDRESS

Wm. C. Wallingford Leonardtown

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative health, fitness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return “*Labore*,” “*Foreman*,” “*Manager*,” “*Dealer*,” etc., without more precise specification as *Day laborer*, *Home laborer*, *Laborer*—*Cold mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “*Epidemic cerebro-spinal meningitis*”); *Diphtheria* (avoid use of “*Croup*”); *Typhoid fever* (never report “*Typhoid Pneumonia*”); *Lobar pneumonia*, *Bronchopneumonia* (“*Pneumonia*,”

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . (name origin); “*Cancer*” is less definite; avoid use of “*Tumor*” for malignant neoplasms); *Measles*, *Whooping cough*, *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds*; *Bronchopneumonia* (secondary), 10 *ds*. Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anæmia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsey*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old Age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as “*PUERPERAL septicæmia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of “*contributory*.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A true data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS and State CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

19050

**1 PLACE OF DEATH**  
 County St. Marys

**2 VILLAGE OR CITY** Oxford (No. ....)

**3 FULL NAME** Anna Island

**4 PERSONAL AND STATISTICAL PARTICULARS**

**5 SEX** Female **6 COLOR OR RACE** White **7 OCCUPATION** Housewife

**8 DATE OF BIRTH** September 27, 1875 (Month) (Day) (Year)

**9 AGE** 56 yrs. mos. da. or min. **10 IF LESS than** 1 day hrs.

**11 OCCUPATION** (a) Trade, profession or particular kind of work Cook (b) General nature of industry business, or establishment in which employed or (employer) None

**12 BIRTHPLACE** St. Marys, Md. **13 PARENTS** None

**14 BIRTHPLACE** St. Marys, Md. **15 PARENTS** None

**16 NAME OF MOTHER** None **17 CAUSE OF DEATH \*** Voluntarily given of Her  
Address: Oxford, Maryland

**18 LENGTH OF RESIDENCE** None **19 PLACE OF BURIAL OR REMOVAL** St. John Cemetery **20 DATE OF BURIAL** Aug 8<sup>th</sup> 1932

**21 ADDRESS** Oxford, Md. **22 ADDRESS** None

**23 FILED** 8/8 1952 **24 REGISTRAR** None

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**— Precise statement of occupation is very important, so that the relative health, fitness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE *CAUSING DEATH*, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (Retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc.*, *Carcinoma, Sarcoma, etc.*, of . . . . (name origin); "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, lobar*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

**N. B. --** Every item of information should be carefully supplied. **AGE** should be stated **EXACTLY**, **PHYSICAL** **CHARACTERISTICS** should be stated **IN PLAIN TERMS** so that it may be properly classified. **Exact statement of OCCUPATION is very important.** See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

## 1 PLACE OF DEATH

County *St. Marys*Village or City *Leonardtown*2 FULL NAME *Margaret E. Swann*69051  
STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *101*St.  Ward  (if death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*4 COLOR OR RACE *white*5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) *Widowed*6 DATE OF BIRTH *April 21*

(Month)

(Day)

(Year) *1864*7 AGE *68 yrs. 4 mos. 3 ds.*If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work *Housewife*(b) General nature of industry  
business, or establishment in  
which employed or (employer) *None*

9 BIRTHPLACE

(State or country) *Charles Co Md*10 NAME OF  
FATHER *Samuel T. Swann*11 BIRTHPLACE  
OF FATHER  
(State or country) *Charles Co Md*12 MAIDEN NAME  
OF MOTHER *Ann Amelia Freeman*13 BIRTHPLACE  
OF MOTHER  
(State or Country) *Charles Co Md*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Ida E. Swann*(Address) *Charlott Hall Md*15 Filed *Aug 25 1932* *Registrar*

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 24 1932*(Month) *Aug* (Day) *24* (Year) *1932*17 I HEREBY CERTIFY, That I attended the deceased from *Aug 20 1932* to *Aug 24 1932*, that I last saw her alive on *Aug 23 1932*, and that death occurred on the date stated above, at *4:30 p.m.* The CAUSE OF DEATH \* was as follows:*Typhoid Fever*(Duration) *8 yrs. 10 mos. 10 ds.*Contributory  
Secondary*Hydrocephalus*(Duration) *8 yrs. 10 mos. 10 ds.*(Signed) *J. F. Greenwell* M. D.*Aug 25 1932* (Address) *Leonardtown*  
State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death *Charles Co Md* yrs. *8* mos. *10* ds. In the State *Charles Co Md* yrs. *8* mos. *10* ds.Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Trinity Cemetery Charles Co* Aug 25 1932

DATE OF BURIAL

20 UNDERTAKER

*Wm G. Mattingley* ADDRESS *Leonardtown*

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative helpfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mining, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.).* For persons who have no occupation whatever, write *None.*

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc. of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic valvular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, <sup>as</sup> fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified—Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County.....

Village or City.....

St. Georges

Dearborn

## 2 FULL NAME

Arthur Taylor

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 282

St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

(191)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	Col	MARRIED

## 6 DATE OF BIRTH

August 10, 1900

(Month) (Day) (Year)

## 7 AGE

47 yrs. 10 mos.

IF LESS than  
1 day hrs.  
ds. or min.?

## 8 OCCUPATION

(a) Trade, profession or particular kind of work.....  
 (b) General nature of industry business, or establishment in which employed or (employer).....

Farmer

9 BIRTHPLACE  
(State or country)

## 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)

## 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Wm. G. Walling

(Address)

Dearborn

15

Filed

8/17/

1927

Balto. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Aug 6<sup>th</sup>

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 6<sup>th</sup>, 1927, to Aug 6<sup>th</sup>, 1927, that I last saw him alive on Aug 4<sup>th</sup>, 1927, and that death occurred on the date stated above, at 12:00 P.M.

The CAUSE OF DEATH \* was as follows:

Cerebral hemorrhage

(Duration) yrs. mos. ds.

Contributory  
Secondary

Exertion &amp; heat

(Duration) yrs. mos. ds.

(Signed) J. F. Greenwell M. D.

Aug 7<sup>th</sup>, 1927 (Address) Dearborn

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

St. Georges Cemetery Aug 7<sup>th</sup>, 1927

## DATE OF BURIAL

## 20 UNDERTAKER

Wm. G. Walling

## ADDRESS

Dearborn

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (c) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deleter," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mesles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1932

BURE

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69053

## 1. PLACE OF DEATH

County

St. Marys

Village or City

St. Marys City

45-c

Registration Dist. No.

287

Length of residence in city or town where death occurred

yrs. mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Lucy Tolson

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Charlie Tolson

6. DATE OF BIRTH (month, day, and year)

1867

7. AGE	Years	Months	Days	IF LESS than 1 day, _____ hrs. or _____ min.
	65	unknown		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Houswife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

13. NAME

George Whalen

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

15. MAIDEN NAME

Mary Biscoe

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

17. INFORMANT

Charlie Tolson

(Address)

St. Marys City

18. BURIAL, CREMATION, OR REMOVAL

Placed

St. Marys City

Date Aug 14, 1932

19. UNDERTAKER

Ernest Robinson

(Address)

Dameron Md

20. FILED

Aug 13, 1932

By James H. Tolson

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 13  
(Month)  
(Day), 1932  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
Jan 1929, to Aug 13, 1932; death is saidI last saw her alive on Aug 13, 1932; death is said  
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Myocarditis

Jan 1929

Other Contributory Causes of importance:

Arthrosis

June 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

(Address) Great Mills Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Date of onset

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09054

## 1. PLACE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

County St. Mary'sVillage or City Scarecrow InnRegistration Dist. No. 280

St.

Ward

Length of residence in city or town where death occurred 1 yrs. No. 23 (If death occurred in a hospital or institution, give its NAME instead of street and number)mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.2. FULL NAME Clara White(a) Residence: No. Scarecrow

(Usual place of abode)

St. Scarecrow Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Blond</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE <u>18</u> Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>None</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month and year) <u>None</u>	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town) Scarecrow Inn  
(State or country) None13. NAME Helen White14. BIRTHPLACE (city or town) Scarecrow  
(State or country) None15. MARION NAME Helen E. Hardy16. BIRTHPLACE (city or town) Scarecrow  
(State or country) None17. INFORMANT Helen White  
(Address) Scarecrow Inn18. BURIAL, CREMATION, OR REMOVAL  
Place Scarecrow Date Aug 19, 193219. UNDERTAKER E. L. Roberts  
(Address) Scarecrow Inn20. FILED Aug 18, 1932 J. D. Fife  
(Address) Scarecrow Inn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 17, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 3, 1932 to Aug 17, 1932  
I last saw her alive on Aug 15, 1932; death is said  
to have occurred on the date stated above, at Scarecrow Inn

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:None

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. D. Fife M. D.(Address) Scarecrow Inn

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	REIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 8 1922	July 5, 1927

BUREAU V.S.		
Other contributory causes of importance:		

Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year


ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69055

## 1. PLACE OF DEATH

County St. Mary's (119)  
Village or City Arden

Registration Dist. No. 286Length of residence in city or town where death occurred  yrs.

No. nd St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth?  yrs. mos. ds.

## 2. FULL NAME

(a) Residence No. Arden

(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)male ed.

white

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8-11-32

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

MOTHER

FATHER

13. NAME Frances Young14. BIRTHPLACE (city or town) Arden  
(State or country)15. MAIDEN NAME Frances Alta Maled16. BIRTHPLACE (city or town) Arden  
(State or country)17. INFORMANT Ruth Woodland  
(Address) Arden18. BURIAL, CREMATION, OR REMOVAL  
Place Arden Date 8-13-3219. UNDERTAKER Ruth Woodland  
(Address) Arden20. FILED 8-13-32 2nd N. V. Bureau

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8-12, 1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
8-10, 1932 to 8-12, 1932I last saw him alive on 8-12, 1932; death is said  
to have occurred on the date stated above, at 5:15 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Stroke Date of onset 8-10-32

Other Contributory Causes of importance:

Diabetes  
Tuberculosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) R. V. Carlson M. D.(Address) Arden

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

1 week ago

3 days ago

Run over by street car

Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

69056

## 1. PLACE OF DEATH

County St. Marys  
Village or City Chaptico

119

Registration Dist. No. 283St. Chaptico WardLength of residence in city or town where death occurred yrs. one mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Dorothy Lucilia Young(a) Residence: No. Wash Dc 914-5788 St., Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 14 19317. AGE Years one Months 0 Days 18 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
None10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Wash. D.C.13. NAME: John Alender Young14. BIRTHPLACE (city or town)  
(State or country) 914-5788 S.D.  
Wash. D.C.15. MAREN NAME Mary Catherine Barnes16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Dorothy Barnes  
(Address) Chaptico Md.18. BURIAL, CREMATION, OR REMOVAL  
Place St. Josephs Date Aug. 8, 193219. UNDERTAKER A.C. Welch  
(Address) Chaptico20. FILED Aug. 2, 1932 A.B. Johnson  
Registrar. 2

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 2, 193222. I HEREBY CERTIFY That I attended deceased from July 30, 1932, to Aug 2, 1932I last saw him alive on July 30, 1932, at 12 noon; death is saidto have occurred on the date stated above, at 12 noon.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Acute Enteritis

Date of onset

July 28

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alexander C. Welch M.D.  
(Address) Chaptico Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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